PTC/S8/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/620,018			ing Date 15/2003	☐ To be Mailed
	A	PPLICATIO	N AS FILE	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
FOR NUMBER FILED					NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A	
EXAMINATION FEE (37 CFR 1.16(o). (p), or (q))			N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		٠			x \$ =		OR	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•			x \$ =			X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	If the specification and of sheets of paper, the app is \$250 (\$125 for small additional 50 sheets or 1 35 U.S.C. 41(a)(1)(G) as			oplication size fee due I entity) for each fraction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter *0* in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	01/03/2007	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 16	Minus	 21		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	3		= 0		x \$ =		OR	X \$200=	0
Ž	Application Size Fee (37 CFR 1.16(s))											·
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR		·
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
ENT		CLAIMS REMAININ AFTER AMENDMEI		HIGH NUM PREVK PAID	IBER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(1))	· 16	Minus	2		=/		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.1ft(h))	. 3	Minus	<u>"</u>	3 -	-		x \$ =		OR	x \$ =	
AMENDM	Application Size Fee (37 CFR 1.16(s))											-
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR		
Γ								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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